

seen people kill their kids after saying they are worried about killing their kids. If that is what she said (as opposed to worrying about their eating hookworm) I would have given serious thought to putting her in a hospital, and I am sure you did.

I agree too that it was not just the medicine that helped her, if that helped; I think it was the AA support and your support, Sam. Your interactions with her were very matter-of-fact: "What do you mean, hookworm?" You were telling her, "I care. I'm sort of a father for you. You're acting silly, little girl," in a positive, not a derisive way, and she was able to borrow your thinking.

The synthesis of the psychodynamic and the Caplan crisis model is an excellent way of looking at this case, it seems to me. It feels right to try to understand the dynamics *and* use a crisis, coping model of functioning as a basis for beginning treatment.

#### REFERENCES

1. Caplan G: Principles of Preventive Psychiatry. New York, Basic Books, 1964
2. Fenichel O: The Psychoanalytic Theory of Neurosis. New York, Norton, 1945
3. Bellak L, Small L: Emergency Psychotherapy and Brief Psychotherapy. New York, Grune and Stratton, 1965
4. Brandon S: Crisis theory and possibilities of therapeutic intervention. *Br J Psych* 117:627-633, 1970
5. Klein DF, Davis JM: Diagnosis and Drug Treatment of Psychiatric Disorders. Baltimore, Williams & Wilkins, 1969

### Counseling a Patient with Cancer

DR. BURCHELL: "I think the crucial question which is seldom talked about but is on every cancer patient's mind is 'Will I be cured or will I die?' Most of us, as adults, when we approach our own death, tend to use the words, 'If I die,' or 'If I'm in an accident and die.' This is really a fallacious point of view because as a matter of fact all of us are going to die sometime. It would be more accurate for us to say, 'When I die,' but we seldom do this. I have found that a number of patients with cancer, after the diagnosis is made, shift subtly in their minds from an 'if' to a 'when' perspective. This may change back if they are quite sure they are cured. But this is a small change in words and a large change in concept, and has certainly major implications for the patients. The question of death has all sorts of complications for living. Some areas that particularly come to mind are commitments. Shall I commit myself to a new job? Shall I commit myself to investments? Shall I commit myself to long-term things in life? What about future planning?"

"Any number of questions that come up for a normal person and are coped with quite easily, cause difficulty when raised with a patient with carcinoma—any patient with carcinoma, man or woman. They immediately focus on, 'What if I am not here two years from now?', so that there are many complications for living. Patients have taught me that the real horror in carcinoma is the horror of not knowing whether one is going to live or die. I think it helps very much in counseling patients to label this as a real problem, as perhaps the worst problem involved with carcinoma, and point out that there is really no solution until time gives the answer. It is very helpful, however, for patients to know that 'not knowing' is a major problem, that everybody feels this way and that they're not alone. I think I should emphasize . . . that I have been considering here patients who have just discovered they have cancer, and not those who are terminally ill."

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